CURRENT LICENSE EXPIRES DECEMBER 31

2-YEAR RENEWAL APPLICATION

<u>Instructions</u>: Please return this **original** form along with the first year licensing fee of **\$1,000.00**, to the Division of Finance, 301 West High Street, Room 630, P.O. Box 716, Jefferson City, MO 65102. **Fee applies to each location transacting business.** For questions, contact the Consumer Credit Licensing Section, 573-751-3463.

MISSOURI DIVISION OF FINANCE			OFFICE USE ONLY				
Renewal Application for			T	TL Rec		Rec#	
				Check No.		Amount: \$	
Title Loan License			Da	te:		Initials:	
	Please check, provide appropria Closed location Sold to: _						
Information EXACTLY a	as it appears on current license:						
Company Name:		License Number:					
Address:							
City:	Sta	ite:			Zip:		
Telephone:	Fax:		Cou	inty (MO onl	y):		
☐ Please check if above Licensed Location information is <u>correct</u> .							
Check if above License	ed Location information is changed	l or inco	orrec	t and enter co	rrect int	formatio	on below:
Company Name:							
Address:							
	State:						
Telephone:	Fax:	_ Cou	nty	(MO only): _			
Hours of Operation:							
Contact Person for Licensing/Renewal Issues:	Name/Title:						
	Mailing Address:						
	City/State/Zip:						
	Telephone: ()	Fax	()	E-	Mail:	
Person to Receive Examination Reports:	Name/Title:						
	Mailing Address:						
	City/State/Zip:						
	Telephone: ()	Fax	()	E-	Mail:	
	Name/Title:						
Contact Person for Consumer Inquiries/ Complaint Issues:	Mailing Address:						
	City/State/Zip:						
	Telephone: ()	Fax	()	E-	Mail:	

	Name Street Address: Mailing Address:						
Company Home Office Information							
(if applicable)							
,		City/State/Zip:					
	Telephone: () Fax: ()						
Ownership: Individual complete Sections II(a) a	-	Section I. Partne	ership, compl	ete Section II(a). Corpor	ration or LLC,		
I. INDIVIDUAL	Name:			Phone Number: ()			
	Residence Address:						
	Business Address:						
II(a).	Name:			Phone Number: ()			
PARTNERSHIP, ASSOCIATION <u>OR</u> CORPORATION	Principal Business Address:						
Names, Titles of Partners/Officers	Business Address		Residence Address				
	Date of Incorporation:						
II(b)	Date of Ir	corporation:		-			
II(b). CORPORATION		ncorporation: Office in Missour	i (if applicable	e):			
CORPORATION Financial Information		Office in Missour			ſ		
CORPORATION Financial Information ASSETS		Office in Missour	LIAB	e): ILITIES & CAPITAL	Amount		
Financial Information ASSETS Cash		Office in Missour	LIAB: Liabilities	ILITIES & CAPITAL	Amount \$		
CORPORATION Financial Information ASSETS		Office in Missour	Liabilities Other Liabil	ILITIES & CAPITAL			
CORPORATION Financial Information ASSETS Cash Bank Accounts Investments		Office in Missour	Liabilities Other Liabil (Itemize)	ILITIES & CAPITAL lities:	\$		
CORPORATION Financial Information ASSETS Cash Bank Accounts Investments Loans Receivable	Principal	Office in Missour	Liabilities Other Liabil (Itemize)	ILITIES & CAPITAL lities: TAL LIABILITIES			
CORPORATION Financial Information ASSETS Cash Bank Accounts Investments Loans Receivable Furniture, fixtures and equip	Principal	Office in Missour	Liabilities Other Liabil (Itemize) TO Equity Cap	ILITIES & CAPITAL lities: TAL LIABILITIES pital or Net Worth	\$		
CORPORATION Financial Information ASSETS Cash Bank Accounts Investments Loans Receivable	Principal	Office in Missour	LIAB Liabilities Other Liabil (Itemize) TO Equity Cap (Must be \$7	ILITIES & CAPITAL lities: TAL LIABILITIES	\$		
CORPORATION Financial Information ASSETS Cash Bank Accounts Investments Loans Receivable Furniture, fixtures and equip Other Assets:	Principal	Office in Missour	Liabilities Other Liabil (Itemize) TO Equity Cap	ILITIES & CAPITAL lities: TAL LIABILITIES pital or Net Worth	\$		

BUSINESS FINANCIAL STATEMENT

BUSINESS NAME OF APPLICANT/LICENSEE _			
ADDRESS			
TELEPHONE NO.			
NAME OF PREPARER			
	BALA	ANCE SHEET	
		AS OF	
ASSETS		LIABILITIES AND CAPITAL	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
Cash		LIABILITIES	
Bank Accounts			
Investments			
Loans Receivable		TOTAL LIABILITIES	
Furniture, fixtures and equipment		Equity Capital or Net Worth	
Other Assets			
TOTAL ASSETS		TOTAL LIABILITIES AND CAPITAL	